

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT  
(Under 37 CFR 1.97(b) or 1.97(c))**

Docket No.  
**OKI.549**

In Re Application Of: **Hitoshi IKEDA**

Serial No.  
**NEW**

Filing Date  
**July 15, 2003**

Examiner  
**TO BE ASSIGNED**

Group Art Unit  
**TO BE ASSIGNED**

Title: **NEGATIVE FEEDBACK AMPLIFIER WITH ELECTROSTATIC DISCHARGE PROTECTION CIRCUIT**

Address to:  
**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**37 CFR 1.97(b)**

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

**37 CFR 1.97(c)**

2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

☐ the statement specified in 37 CFR 1.97(e);

**OR**

☐ the fee set forth in 37 CFR 1.17(p).

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**  
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.  
**OKI.549**

In Re Application: **Hit shi IKEDA**

Serial No.  
**NEW**

Filing Date  
**July 15, 2003**

Examiner  
**TO BE ASSIGNED**

Group Art Unit  
**TO BE ASSIGNED**

**NEGATIVE FEEDBACK AMPLIFIER WITH ELECTROSTATIC DISCHARGE PROTECTION**

**Payment of Fee**

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☐ The Director is hereby authorized to charge and credit Deposit Account No. \_\_\_\_\_ as described below.
- ☐ Charge the amount of \_\_\_\_\_
- ☐ Credit any overpayment.
- ☐ Charge any additional fee required.

**Certificate of Transmission by Facsimile\***

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Typed or Printed Name of Person Signing Certificate*

**Certificate of Mailing by First Class Mail**

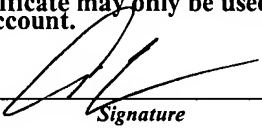
I certify that this document and fee is being deposited on \_\_\_\_\_ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

\_\_\_\_\_  
*Signature of Person Mailing Correspondence*

\_\_\_\_\_  
*Typed or Printed Name of Person Mailing Certificate*

**\*This certificate may only be used if paying by deposit account.**

Dated: **JULY 15, 2003**

  
\_\_\_\_\_  
*Signature*  
**ADAM C. VOLENTINE**  
**REG. NO. 33,289**

**VOLENTINE FRANCOS, P.L.L.C.**  
**12200 SUNRISE VALLEY DRIVE, SUITE 150**  
**RESTON, VA 20191**

**TEL. NO.: (703) 715-0870**

**CC:**

**INFORMATION DISCLOSURE CITATION**  
(Use several sheets if necessary)

Docket Number (Optional) <b>OKI.549</b>		Application Number <b>NEW</b>
Applicant(s) <b>Hitoshi IKEDA</b>		
Filing Date <b>July 15, 2003</b>	Group Art Unit <b>To Be Assigned</b>	

**U.S. PATENT DOCUMENTS**

*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE

**FOREIGN PATENT DOCUMENTS**

	REF	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	Translation	
							YES	NO
	A	2001-110993	04/20/2001	JAPAN			Abstract ✓	

**OTHER DOCUMENTS** (Including Author, Title, Date, Pertinent Pages, Etc.)


EXAMINER	DATE CONSIDERED
----------	-----------------

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP Section 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.